

Hicks Ralph

From: laura t-g [REDACTED]
Sent: Wednesday, July 13, 2011 6:08 PM
To: Hicks Ralph
Cc: David T-G
Subject: Re: NTSB form
Attachments: n37148-2011-0704.pdf

Ralph --

On 7/11/2011 4:52 PM, David T-G wrote:

>
> I got the expected call from Ralph Hicks of the NTSB. He would like
> for you to fill out
>
> http://www.ntsbt.gov/doclib/forms/6120_1web.pdf
>
> and send it to him. He was kind enough to agree to let you fill it
> out electronically (with the warning to save early and often!) and
> then email
[snip]

Attached is the incident report. This is my first (and, I sure hope, last :-) one and so I hope that all is filled out correctly. Please let me know if anything doesn't make sense and I'll figure out how to correct or clarify it.

Thanks again & have a great day!

Laura T-G

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents									
BASIC INFORMATION									
Accident/Incident Location Nearest City/Place: <u>Jonesville / Rose Hill</u> State: <u>Virginia</u> ZIP: _____ Country: <u>Lee</u> Latitude: <u>~+36.39</u> (dd:mm:ss N/S) Longitude: <u>~-83.13</u> (ddd:mm:ss E/W)					Date/Time Date: <u>07/04/2011</u> Local Time: <u>1500</u> <i>mm/dd/yyyy</i> Time Zone: <u>ET</u>				
Phase of Operation <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown					Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		Altitude of In-Flight Occurrence _____ ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: <u>Beechcraft</u> Model: <u>BE77</u> Serial Number: <u>wa-188</u> Registration Number: <u>N37148</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>1,680</u> lbs Weight at Time of Accident/Incident: <u>1,445</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>86.96</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown			
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown			Date Last Inspection: <u>02/26/2011</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>6,225</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident			
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>pump fire truck</u>			
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			ELT Manufacturer: <u>Narco</u> Model/Series: <u>ELT10</u> Serial Number: <u>64971</u> Battery Type: <u>BS2166</u> Battery Exp. Date: <u>01/2013</u>						
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>Sensenich</u> Model: <u>72ck-1-52</u>					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1	Lycoming	O-235-L2C	C-13305-15	10/18/2007	115	214	23	214	
Eng. 2									
Eng. 3									
Eng. 4									

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i>			
Aircraft: - prop was struck and bent - nose gear was ripped off - left wing was torn - left landing gear and left side cabin burned			
Other property: - wooden electric fence post was struck, electric wires involved (minor damage)			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment <i>(Select one)</i>			
<input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind		<input type="checkbox"/> Base leg <input type="checkbox"/> Low Approach <input type="checkbox"/> Final <input type="checkbox"/> Aborted Landing (after touchdown) <input type="checkbox"/> Go Around	
IFR Approach <i>(Check all that apply)</i>		VFR Approach <i>(Check all that apply)</i>	
<input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		<input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
Runway Information		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i>			
<input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>None</u>	Time: <u>1500</u>	Airport ID: <u>OVG</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR
City: <u>Rose Hill</u>	Time Zone: <u>ET</u>	City: <u>Rose Hill</u>	<input type="checkbox"/> Company VFR <input type="checkbox"/> IFR
State: <u>VA</u>		State: <u>VA</u>	<input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown
Country: <u>USA</u>		Country: <u>USA</u>	<input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of ATC Clearance/Service <i>(Check all that apply)</i>			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i>			
<input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
Aircraft Load Description <i>(Check all that apply)</i>			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i>	Fuel Type		
_____ 14 Gallons	<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5		
Other Services, if Any, Prior to Departure			
fuel system teardown, inspection, reassembly, and flush airworthiness inspection			

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location pilot exited hurriedly via pilot-side door			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
Briefing Type/Completeness <input type="checkbox"/> Full <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ ft AGL		Ceiling Height 6,000 ft AGL	
Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: _____ KTS -or- <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting		Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident none			
Temperature: _____ (C) or 80 (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed Icing Actual Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	
		Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident											
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
Pilot "A" Identification											
First Name: Laura					City: Milton						
Middle Initial: I					State: GA			ZIP: 30004			
Last Name: Thorburn-Gundlach					Country: USA						
Age at time of Accident/Incident: 43					Date of Birth: [REDACTED]			Certificate Number: [REDACTED]			
					mm/dd/yyyy						
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Pilot Certificate(s) (Check all that apply)											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			10/01/2010 mm/dd/yyyy			
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 11/20/2010 mm/dd/yyyy					Flight Review Aircraft						
					Make: CESSNA						
					Model: 150 Aerobat						
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport					
Type Ratings						Student Endorsements (Include dates)					
Flight Time (enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		113	60	113	0	5	0	7	0	0	0
Pilot in Command (PIC)		75	60	75	0	1	0	4	0	0	0
Time as Instructor		0	0	0	0	0	0	0	0	0	0
This Make/Model		[REDACTED]				1	0	4	[REDACTED]		
Last 90 Days		13	12	13	0	0	0	3	0	0	0
Last 30 Days		8	7	8	0	0	0	3	0	0	0
Last 24 Hours		4	4	4	0	0	0	3	0	0	0

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____
Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury		Seat Occupied			Seat Belt			Shoulder Harness		
<input type="checkbox"/> None	<input type="checkbox"/> Fatal	<input type="checkbox"/> Left	<input type="checkbox"/> Front	<input type="checkbox"/> Unknown	Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown	<input type="checkbox"/> Right	<input type="checkbox"/> Rear		Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Serious		<input type="checkbox"/> Center	<input type="checkbox"/> Single							

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical <hr/> <i>mm/dd/yyyy</i>
---	--	--	--

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
---	--

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport

Type Ratings	Student Endorsements <i>(Include dates)</i>

[illegible]

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal											
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown											
Last Name: _____ Country: _____						<input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign						<input type="checkbox"/> Left <input type="checkbox"/> Front											
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<input type="checkbox"/> Right <input type="checkbox"/> Rear											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input checked="" type="checkbox"/> Single											
Total Flight Time at the Time of this Accident/Incident: _____ hrs						<input type="checkbox"/> Unknown											
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal											
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown											
Last Name: _____ Country: _____						<input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign						<input type="checkbox"/> Left <input type="checkbox"/> Front											
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<input type="checkbox"/> Right <input type="checkbox"/> Rear											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single											
Total Flight Time at the Time of this Accident/Incident: _____ hrs						<input type="checkbox"/> Unknown											
Pilot Name and Address						Degree of Injury											
First Name: _____ City: _____						<input type="checkbox"/> None <input type="checkbox"/> Fatal											
Middle Initial: _____ State: _____ ZIP: _____						<input type="checkbox"/> Minor <input type="checkbox"/> Unknown											
Last Name: _____ Country: _____						<input type="checkbox"/> Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign						<input type="checkbox"/> Left <input type="checkbox"/> Front											
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						<input type="checkbox"/> Right <input type="checkbox"/> Rear											
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Center <input type="checkbox"/> Single											
Total Flight Time at the Time of this Accident/Incident: _____ hrs						<input type="checkbox"/> Unknown											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																	
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
First Name: _____ City: _____																	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____																	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____																	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____																	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____																	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)
<p>Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.</p> <p>On July 4th, 2011, I attempted a downhill soft-field takeoff out of a cow pasture. The plane never achieved liftoff, and I was unable to stop it before it struck a fence post. After an abrupt stop, I switched off the battery and alternator, turned the fuel selector to off, turned off the ignition and removed the key, and exited the plane. Upon my leaving the plane, it pitched nose forward and the left wing burst into blue flame. I jumped through the flames and dropped and rolled in the wet grass. I was later treated at the local hospital for 2nd degree burns on my lower legs.</p> <p>Factors leading to the situation:</p> <p>On July 3rd, approximately 5 nautical miles short of OVG, our destination field, my husband, David Thorburn-Gundlach, and I experienced an engine failure. It was clear that we couldn't make the field, so I picked a pasture and safely landed the plane. Later that day it was determined by our mechanic, also a pilot, and his partner, a CFI, that the engine failure was due to debris in the right tank which prevented flow and caused us to completely drain the left tank. The debris was cleared by our mechanic, and the plane was approved by the FSDO as airworthy the next day.</p> <p>Factors leading to the decision to make the attempt:</p> <p>I measured the length of the field and found it shorter than our typical requirement, but was heavily depending on the opinion given by both our mechanic and his partner, who felt that the plane would have no problem taking off out of the field. Their opinion was that the grade of the terrain would increase acceleration -- effectively creating a great deal more thrust. Though I did put a lot of weight in their opinion because of their extensive experience, I in no way blame them for my mistake.</p> <p>The owner of the field was kind enough to mow us a wide strip in the field as well as to displace his cows. David and I walked the field several times making sure that it was clear of rocks and debris and to determine the "go / no-go" point. We also studied other adjacent fields and determined that where we landed was our best bet.</p> <p>The plane had about 14 gallons of fuel distributed across both tanks -- a good minimum for our takeoff. We emptied everything that was not necessary out of the plane. We determined that I was the most practiced at soft-field takeoffs (I had even practiced one on a hard field that day) between David and me (it was also helpful that I weigh less), so we decided that I would be the pilot for this task -- which was simply to move the plane to the nearby airport..</p> <p>The plane was given its FSDO clearance around noon on July 4th. By that time, the day was pretty much in full heat, so we decided to wait for the day to cool off to give us more lift. That afternoon, convective cells came through and cooled the air. At about 3:00 p.m. with no storm clouds in the area and a clear view from the top of the pasture to our destination field, I attempted the take off as described above.</p>
RECOMMENDATION (How could this accident/incident have been prevented?)
<p>Operator/Owner Safety Recommendation</p> <p>The best (and only) answer would have been to have the plane disassembled and transported to an appropriate facility.</p> <p>I relied heavily on the opinion of more experienced pilots and assumed that because they said that it could be easily done, it could actually be done. I honestly don't think that any pilot could have flown that plane out of that field. The plane was underpowered for the task and the grade of hill resulted in no apparent added thrust. Since I didn't know from my own experience that this take-off could be safely achieved, I should have erred on the side of caution and not attempted it.</p> <p>Though I was practiced at soft field take-offs and landings in the plane, I had no actual soft field experience prior to this incident. Perhaps actual soft field training in that plane would have pointed me to a better solution.</p> <p>Also, I was not adequately practiced at aborted take-off procedures. I was overwhelmed by trying to keep the plane under control on the rough field and passed my abort point before I knew it and could not stop it before hitting the fence.</p> <p>Simply put, I should never attempt any form of piloting that I have not successfully done with a CFI -- no matter who says how easy it is.</p>

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report 07/13/2011 <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: <u>See attached e-mail from pilot</u> Type or Print Name: <u>Laura Thorburn-Gundlach</u>
--	--

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>ERA/ICA 370</u>	Reviewed by NTSB Regional Office <u>ERA</u>	Name of Investigator <u>HICKS</u>	Date Report Received <u>7/13/2011</u>
--	--	--------------------------------------	--